

How to Complete the Initial Application

Section 1: Applicant Information

For the primary applicant, print your first and last name, date of birth, Social Security Number and full address. If available, provide a primary phone number, cell phone number, and email address.

Use the check box to indicate if you or your spouse applied for DRIE in the past.

Section 2: Tenant Representative Information

It is strongly recommended that all applicants provide a tenant representative. This person will receive copies of all notices sent to the primary applicant. Use this space to add your tenant representative's contact details.

Section 3: Household Members and Income

You must list the total annual income for you (applicant) and all household members for 2016.

Applicant Income Information

- Use the income check boxes to indicate all sources of income. Indicate any other income, if applicable.
- Provide the total income from the income worksheet.
- Provide the total applicable deduction from the income worksheet.
- If you would like to certify that you did not receive any income in 2016, check the box provided and provide proof such as but not limited to, documentation from the Internal Revenue Service (IRS) stating tax returns were not filed in 2016 or a statement from the Social Security Administration (SSA) stating no receipt of Social Security benefits for 2016.

Now that you have completed your income information, you will need to complete the income section for each household member. If there are more than two additional household members living with you, provide the information on a separate sheet and attach to your application. Do not forget to attach proof of 2016 income for you and all household members.

Household Income Information

- Write the first and last name of the household members.
- Provide the date of birth, Social Security Number in the space provided.
- Provide each household member's relationship to you (applicant), for example, spouse, sibling, parent, daughter/son, granddaughter/grandson.
- Use the income check boxes to indicate all sources of income for household members. Indicate any other income, if applicable.
- Provide the total income from line 16 of the income worksheet.
- Provide the total applicable deduction from line 21 of the income worksheet.
- If you would like to certify that household member did not receive any income in 2016, check the box provided and attach proof such as but not limited to, documentation from the Internal Revenue Service (IRS) stating tax returns were not filed in 2016, full time student verification or a statement from Social Security Administration (SSA) stating no receipt of SSA benefits for 2016.

Section 4: Apartment Type Information

Indicate the type of qualifying apartment you reside in. Include all required documents for the applicable apartment type.

Section 5: Certification

After reading the certification, sign it, print your name and write the date in the spaces provided.

Final Check and Mailing

Review your application and ensure that all questions are answered. Provide a copy of all proof of income for 2016 for yourself and all household members. If applicable, provide any additional documentation as requested in Section 4.

Mail your application to:

**New York City Department of Finance, DRIE Unit,
59 Maiden Lane, 22nd Floor,
New York, NY 10038**

You may also submit the application in person:

**SCRIE/DRIE Walk-In Center
66 John Street, 3rd Floor
New York, NY 10038
Monday–Friday, 8:30 a.m.– 4:30 p.m.**



DRIE Disability Rent Increase Exemption

INITIAL APPLICATION

Please be sure that the **PRIMARY APPLICANT** signs the last page of this application.

Mail completed application to:
New York City Department of Finance, DRIE Unit, 59 Maiden Lane, 22nd Floor, New York, NY 10038

PLEASE PRINT

1. APPLICANT INFORMATION

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	
STREET ADDRESS		APT.
CITY	STATE	ZIP
TELEPHONE NUMBER () -	CELL PHONE NUMBER () -	
EMAIL ADDRESS	HAVE YOU OR YOUR SPOUSE APPLIED FOR DRIE IN THE PAST? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FEDERAL DISABILITY BENEFITS YOU CURRENTLY RECEIVE: (CHECK ALL THAT APPLY) <ul style="list-style-type: none"> <input type="checkbox"/> Supplemental Security Insurance (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Veterans Affairs (VA) Disability Pension or Disability Compensation Benefits <input type="checkbox"/> United States Postal Service (USPS) Disability Pension or Disability Compensation Benefits <input type="checkbox"/> Disability-related Medicaid and received SSI or SSDI in the past 		

2. TENANT REPRESENTATIVE INFORMATION

You can have copies of your notices sent to another person (in addition to you). Select a representative by completing the following:

NAME (FIRST, LAST)	RELATIONSHIP TO APPLICANT	
ORGANIZATION	TELEPHONE NUMBER () -	
STREET ADDRESS		APT.
CITY	STATE	ZIP
EMAIL ADDRESS		

NOTE: This application can only be used if submitted between 1/1/2017 and 12/31/2017. You must send in all supporting documentation or your application cannot be processed.

If you need assistance or you are unable to submit the application or documentation because of a disability related concern, please call 311 and ask for DOF's Disability Service Facilitator.

If you have general questions about the SCRIE/DRIE program and how to apply, please call 311 or send us a message at nyc.gov/contactscrie or nyc.gov/contactdrie.

DRIE Disability Rent Increase Exemption INITIAL APPLICATION

3. HOUSEHOLD MEMBERS AND INCOME

Complete the income section that follows for you (applicant) and each household member. Supporting income documents must be supplied for all household members. See *Pre-Qualifying Income Worksheet* to calculate total income.

If there are more than two additional household members living with you, provide the information on a separate sheet and attach to your application.

Applicant:

NAME (FIRST, LAST)		
INCOME SOURCES		
<input type="checkbox"/> Social Security Administration (SSA, SSDI, SSI)	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Wages
<input type="checkbox"/> Pension	<input type="checkbox"/> IRA/Annuity Earnings	<input type="checkbox"/> U.S. Postal Service Benefits
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Rent paid to you by boarder(s): _____
<input type="checkbox"/> Business Income	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Other: _____
If you retired in the year 2016, please indicate retirement date: _____		
TOTAL INCOME FROM 2016	TOTAL DEDUCTIONS FOR 2016	<input type="checkbox"/> I HAD NO INCOME IN 2016

Household Member #1:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT
INCOME SOURCES		
<input type="checkbox"/> Social Security Administration (SSA, SSDI, SSI)	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Wages
<input type="checkbox"/> Pension	<input type="checkbox"/> IRA/Annuity Earnings	<input type="checkbox"/> U.S. Postal Service Benefits
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Business Income	<input type="checkbox"/> Workers' Compensation	
TOTAL INCOME FROM 2016	TOTAL DEDUCTIONS FOR 2016	<input type="checkbox"/> THIS HOUSEHOLD MEMBER HAD NO INCOME IN 2016

Household Member #2:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO THE APPLICANT
INCOME SOURCES		
<input type="checkbox"/> Social Security Administration (SSA, SSDI, SSI)	<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Wages
<input type="checkbox"/> Pension	<input type="checkbox"/> IRA/Annuity Earnings	<input type="checkbox"/> U.S. Postal Service Benefits
<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Business Income	<input type="checkbox"/> Workers' Compensation	
TOTAL INCOME FROM 2016	TOTAL DEDUCTIONS FOR 2016	<input type="checkbox"/> THIS HOUSEHOLD MEMBER HAD NO INCOME IN 2016

DRIE Disability Rent Increase Exemption INITIAL APPLICATION

4. APARTMENT TYPE (SELECT ONE)

Rent Stabilized

If checked, please submit:

- Prior rent stabilized lease signed by both you and your landlord
- Current rent stabilized lease signed by both you and your landlord
- Any recent Major Capital Improvement (MCI) Orders issued by the Division of Housing and Community Renewal (DHCR)
- Preferential rent rider, if applicable
- Low Income Housing Tax Credit (LIHTC) rider, if applicable

LEASE TERM (CHECK ONE) 1 YEAR 2 YEARS

Is this your first lease for this apartment? Yes No I don't know

Rent Controlled

If checked, please submit:

- Prior calendar year Notice of Increase in Maximum Base Rent and Maximum Collectible Rent Form RN-26
- Current calendar year Notice of Increase in Maximum Base Rent and Maximum Collectible Rent Form RN-26
- Prior calendar year Owner's Report and Certification of fuel cost adjustment Form RA33.10
- Current calendar year Owner's Report and Certification of fuel cost adjustment Form RA33.10
- Any recent Major Capital Improvement (MCI) Orders issued by the Division of Housing and Community Renewal (DHCR)

Rent Regulated Hotel/Single Room Occupancy (SRO)

If checked, please submit:

- Division of Housing and Community Renewal (DHCR) annual apartment registration for current and prior year
- A letter from management or owner indicating current and prior rents

Mitchell-Lama, Limited Dividend, Redevelopment, Housing Development Fund Company (HDFC) Cooperative, Section 213 Cooperative

If checked, please submit:

- Rent history printout or letter from your management office specifying the date of your last rent increase, and the amount paid before and after the increase. If this is your first rent increase since moving into the apartment, please specify the date you moved into your apartment.
- Affidavit of household income for 2016, if applicable

DRIE Disability Rent Increase Exemption INITIAL APPLICATION

5. CERTIFICATION

Please read carefully and sign the below certification. Your application is not complete if you do not sign.

I hereby certify under penalties provided by law that I currently reside at the address shown in this application and that the information provided is true and complete.

I understand and agree that if I fail to disclose all income from household members, as well as rental payments made to me from boarders, I may be held responsible to repay the City the full amount of any DRIE benefits received improperly plus any interest charges.

I understand that my income is subject to income verification by the Department of Finance.

Check this box if you authorize the NYC Department of Finance to use the most recent income tax return received from the Internal Revenue Service and the New York State Department of Taxation & Finance to process your application in lieu of submitting copies of those documents.

Check this box if you authorize the NYC Department of Finance to release your information to other agencies for the purpose of determining your eligibility for other entitlements and benefits.

PRINT NAME OF PRIMARY APPLICANT	SIGNATURE OF PRIMARY APPLICANT	DATE
PRINT NAME OF POWER OF ATTORNEY/ COURT APPOINTED GUARDIAN/ *OTHER AUTHORIZED REPRESENTATIVE	SIGNATURE OF POWER OF ATTORNEY/ COURT APPOINTED GUARDIAN/ *OTHER AUTHORIZED REPRESENTATIVE	DATE

If a Power of Attorney/Court Appointed Guardian is signing on behalf of the primary applicant, the Power of Attorney or court documentation is required

** An additional form may be required*

The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for applicants and income-earning occupants is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Social Security Numbers disclosed on any reports or returns are requested for tax administration purposes and will be used to facilitate the processing of reports and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance. Social Security Numbers may also be disclosed as part of information contained in the taxpayer's return to another department, person, agency or entity as may be required by law, or if the applicant or income-earning occupants give written authorization to the Department of Finance.

Did you...

- Check over the application to make sure all questions have been answered?
- Sign and date the application?
- Include your notice of award letter as proof you are receiving a qualifying disability benefit?
- Include proof of your age?
- Include proof of rent?
 - ✓ **For Rent Stabilized Apartments:** Your prior and current lease signed by both you and your landlord? The lease must clearly state terms of either a one- or a two-year lease. If you have preferential rent please include the lease rider.
 - ✓ **For Rent Controlled Apartments:** A copy of the Notice of Maximum Collectible Rent (MCR Form No. RN-26) and the Certification of Fuel Cost Adjustment (Form No. RA33.10) for the prior and current year?
 - ✓ **For Rent Regulated Rooms and Hotels:** A rent increase letter signed by your landlord AND a copy of the DHCR Rent History or DHCR apartment registration?
 - ✓ **For Mitchell-Lama, Limited Dividend, Redevelopment, Housing Development Fund Company (HDFC) Cooperative, Section 213 Cooperative:** A rent history printout or letter from your management office specifying the *date of your last rent increase*, the rent amount paid *before the increase*, and the amount paid *after the rent increase*; and an Affidavit of Household Income for 2016, if applicable.
 - ✓ **For Major Capital Improvement (MCI):** The DHCR order granting MCI increase. Rent increases for new appliances (stove, refrigerator, etc.) are not covered by DRIE.
- Did you include proof of income for ALL household members including yourself and co-tenants for 2016? Proof of income includes, but is not limited to:
 - Income tax returns
 - Social Security benefit statement
 - IRA/Annuity statement, including earnings statement
 - Pension statement
 - Signed letter from boarder stating rental payments
 - 1099/W2 statement
 - Public assistance budget letter
 - Student status letter for any non-working students living in your household
 - Signed letter from a friend/family stating amount of monetary assistance

If you need assistance or you are unable to submit the application or documentation because of a disability related concern, please call 311 and ask for DOF's Disability Service Facilitator. If you have general questions about the SCRIE/DRIE program and how to apply, please call 311 or send us a message at nyc.gov/contactscrie or nyc.gov/contactdrie.

Submit your application:

BY MAIL:

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IN PERSON:

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